

STATE OF SOUTH CAROLINA

(Caption of Case)

Example: Application for a Class C Charter Certificate from  
John Doe dba Doe's Limo

BEFORE THE  
PUBLIC SERVICE COMMISSION  
OF SOUTH CAROLINA

TRANSPORTATION COVER SHEET

DOCKET

NUMBER: 2011 - 171 - T

If this is your first time filing an application with the PSC, you will not have a Docket Number. The Commission will assign one to you. If you have filed with the Commission before, a Docket Number was assigned and should be entered above.

(Please type or print)

Submitted by: Woody Shelnuh

Telephone: 912/264-9808

Address: 4111 Knight Street  
Brunswick, GA 31520

Fax: 912/264-9810

Other: 912/399-7452 (cell)

Email: woody@goldenistlesfun.com

NOTE: The cover sheet and information contained herein neither replaces nor supplements the filing and service of pleadings or other papers as required by law. This form is required for use by the Public Service Commission of South Carolina for the purpose of docketing and must be filled out completely.

NATURE OF ACTION (Check all that apply)

- |   |  |
|---|--|
| <input type="checkbox"/> Application - Class A/A Restricted   | <input type="checkbox"/> Request for Name Change on Certificate        |
| <input type="checkbox"/> Application - Class C Taxi   | <input type="checkbox"/> Request to Amend Scope of Authority           |
| <input type="checkbox"/> Application - Class C Charter  | <input type="checkbox"/> Request to Amend Tariff (rate increase, etc.) |
| <input checked="" type="checkbox"/> Application - Class C Charter Bus   | <input type="checkbox"/> Request to Amend Passenger Limit              |
| <input type="checkbox"/> Application - Class C Non-Emergency  | <input type="checkbox"/> Request                                       |
| <input type="checkbox"/> Application - Class C Stretcher Van  | <input type="checkbox"/> Exhibit                                       |
| <input type="checkbox"/> Application - Class E Household Goods  | <input type="checkbox"/> Late-Filed Exhibit                            |
| <input type="checkbox"/> Application - Class E Hazardous Waste  | <input type="checkbox"/> Letter  |
| <input type="checkbox"/> Application  | <input type="checkbox"/> Proposed Order                                |
| <input type="checkbox"/> Request for Extension to Comply with Order   | <input type="checkbox"/> Publisher's Affidavit                         |
| <input type="checkbox"/> Request for Order Granting Authority to Obtain a Certificate of Public Convenience and Necessity to be Rescinded | <input type="checkbox"/> Reservation Letter                            |
| <input type="checkbox"/> Request for Cancellation of Certificate  | <input type="checkbox"/> Response                                      |
| <input type="checkbox"/> Request for Suspension   | <input type="checkbox"/> Return to Petition                            |
| <input type="checkbox"/> Request for Reinstatement  | <input type="checkbox"/> Other: _____                                  |

RECEIVED

PSC SC  
MAIL / DMS

If you have any questions about this form, please contact the PUBLIC SERVICE COMMISSION at 803-896-5100.

905

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA  
101 Executive Center Drive, Suite 100  
Columbia, South Carolina 29210  
(Mailing address: Post Office Drawer 11649, Columbia, SC 29211)

Phone: (803) 896-5100 FAX: (803) 896-5199

APPLICATION FOR CLASS C - CHARTER BUS CERTIFICATE

CLASS C - CHARTER BUS

Date: April 8, 2011

Application is hereby made for a Class C - Charter Bus Certificate.

1. Name under which business is to be conducted (corporation, partnership, or sole proprietorship, with or without trade name.)

St. Simons Transit D/B/A Coastal Georgia Charters & Tours  
4111 Knight Street, Brunswick, GA 31520  
Street Address of Applicant

Mailing Address of Applicant if different from street address

912/264-9808  
Phone

912/264-9810  
FAX

woody@goldenistestfun.com  
Email Address

2. If incorporated, a copy of Articles of Incorporation must be attached. (If incorporated outside of SC, attach SC Secretary of State "Foreign Corporation" Certificate.) N/A

3. Select Entity Type: (Check one)

- ☒ Individual Owner/Sole Proprietorship  
☐ Partnership - List names and address of all person having an interest in the business.  
☐ Corporation - List names and addresses of two principal officers.

## DESCRIPTION OF EQUIPMENT

[illegible]

**St. Simons Transit d/b/a Coastal Georgia Charters & Tours**

<b>MODEL VEHICLE ID #</b>	<b>YEAR / MAKE</b>	<b># OF PASSENGERS</b>	<b>VIN #/TAG #</b>	<b>TAG #</b>	<b>ANNUAL INSPECTION</b>	<b>Jekyll Decal #'s Exp. 4/2011</b>
VAN	2007 CHEVROLET	15 pass.	1GAHG39U971245009	BCT 7228	10.20.10	35825
321 Mini-Bus	2008 Chevrolet Starcraft	32 psg.	1GBE5V1908F413647	UA1044	10.20.10	
TEMSA 401 MOTORCOACH	2009 TEMSA	40 pass. Large undercarriage Storage area	NLTRPPN7291000006	UD1762	11.24.10	39658
431 Motorcoach	FREIGHTLINER 2007	43 pass. without luggage 35 pass. with luggage	1FVACWCT57DY67552	UD1595	10.20.10	32614
432 Motorcoach	FREIGHTLINER 2008	43 pass. without luggage 35 pass. with luggage	1FVACWDK08HZ71995	UD1293	10.20.10	33955
J4500 561 Motorcoach	MC1 2009	56 pass. Large undercarriage Storage area	2MG3JMEAX9W065063 Inspection by US DOT 01338335 on site	UD1711	10.20.10	35849
J4500 562 Motorcoach	MC1 2009	56 pass. Large undercarriage Storage area	2MG3JMHAX9W065205	UD1734	10.27.10	37715
563 Motorcoach	MCIB 2007	56 pass. Large undercarriage Storage area	2M93JMPA27W064104	UD1295	10.20.10	41406
564 Motorcoach	MCIB 2007	56 pass. Large undercarriage Storage area	2M93JMPA47W064105	UD1854	3.16.11	
Cadillac/WS Lexus/CS						
<b>PLEASE NOTE: JEKYLL DECALS EXPIRE APRIL 2011</b>						

## INSURANCE QUOTE

This form **MUST BE COMPLETED AND SIGNED** by an **AUTHORIZED INSURANCE COMPANY REPRESENTATIVE**. The insurance quote must be complete, listing current insurance premiums. At the discretion of the Commission, a copy of current insurance policies may be required. Do not provide a copy of insurance policies unless requested.

The following insurance quote is for:

**St. Simons Tranist Company, Inc.**  
**dba Coastal Georgia Charters & Tours**

Name of Motor Carrier

**4111 Knight Street**  
**Brunswick, GA 31520**

Address of Motor Carrier

Amount of Premium:

Limits Quoted: (See Below)

Liability Insurance \$ **38,595.00**

Limits **5,000,000**

The above quoted premium is for a term of **12** months.

Minimum Limits - Intrastate Only:

16 or More Passengers \$ 25,000/300,000/25,000

**Lancer Insurance Company**

Name of Insurance Company

**P.O. Box 9004, Long Beach, NY 11561-9004**

Home Office Address of Company

I am familiar with the Commission's Rules and Regulations relating to insurance requirements and the above quote meets the minimum insurance limits prescribed. The insurance company making this quote is authorized by the South Carolina Department of Insurance to do business in South Carolina.

**4/11/2011**  
Date

*Marion A. Kenney*  
Authorized Insurance Company Representative's Signature

NOTICE:

If you wish to self-insure your motor vehicles for liability and property damage, you must comply with S.C. Code Ann. Sections 56-9-60 and 58-23-910. For more information, contact Vickie Coker with the Department of Motor Vehicles at (803) 896-8457.

If you wish to apply as a self-insured for worker's compensation coverage in South Carolina you may do so with the South Carolina Worker's Compensation Commission (WCC) provided that you will be able to: 1) post a surety bond or letter-of-credit with the WCC for a minimum of \$500,000, 2) agree to pay a yearly self-insurance tax, and 3) agree to pay an annual assessment to the South Carolina Second Injury Fund. For more information, contact the WCC Self-Insurance Division at (803) 737-5712 or on the web at [www.wcc.state.sc.us/self-insurance](http://www.wcc.state.sc.us/self-insurance).

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**Exhibit FWA**

ST. SIMONS TRANSIT D/B/A Coastal Georgia Charters & Tours  
Name

1330335

U.S.D.O.T No.

516169

ICC No.

1. Does Applicant have a Safety Rating from the U.S.D.O.T.?

☒ Yes                      ☐ No                      ☐ Pending      (Submit when received.)

If Yes, indicate rating below and provide copy.

☒ Satisfactory                      ☐ Conditional                      ☐ Unsatisfactory

2. Have any of Applicant's drivers or vehicles been places "out of service" by Transport Police safety officers in the past twelve (12) months?

☐ Yes                      ☒ No

3. Are there currently any outstanding judgments against the Applicant?

☐ Yes                      ☒ No

If Yes, indicate nature of judgement(s) against applicant. N/A

4. Is Applicant familiar with all insurance regulations and safety regulations governing charter bus carrier operations in South South Carolina, and does Applicant agree to operate in compliance with these regulations?

☒ Yes                      ☐ No

5. Is Applicant aware of the Commission's insurance requirements and the insurance premium costs associated therewith?

☒ Yes                      ☐ No

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA  
POST OFFICE DRAWER 11649  
COLUMBIA, SOUTH CAROLINA 29211

Applicant is familiar with the provision of S.C. Code Ann. §58-23-10, et seq.(1976), and amendments thereto, and R.103-100 through R.103-241 of the Commission's Rules and Regulations for Motor Carriers (Vol.26, S.C. Code Ann., 1976), and R.38-400 through 38-503 of the Department of Public Safety's Rules and Regulations for Motor Carriers (Vol.23A, S.C. Code Ann.,1976) and amendments thereto, and hereby promises compliance therewith.

STATE OF SOUTH CAROLINA

COUNTY OF \_\_\_\_\_

\_\_\_\_\_  
Applicant's Signature

I, Woody Shelnuitt, OWNER  
Name of Applicant's Representative Title  
of G. Simens Transit D/B/A Coastal Georgia Charters & Tours,  
Applicant

the Applicant for the Charter Bus Certificate as set forth in the foregoing, swear or affirm that all statements contained in the above application are true and correct.

WS

\_\_\_\_\_  
Signature of Applicant's Representative

SWORN TO BEFORE ME

This 8<sup>th</sup> day of April, 2011

Hilma Anne Weiler  
Notary Public

Commission Expires December 2013

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA  
POST OFFICE DRAWER 11649  
COLUMBIA, SOUTH CAROLINA 29211

Applicant is familiar with the provision of S.C. Code Ann. §58-23-10, et seq.(1976), and amendments thereto, and R.103-100 through R.103-241 of the Commission's Rules and Regulations for Motor Carriers (Vol.26, S.C. Code Ann., 1976), and R.38-400 through 38-503 of the Department of Public Safety's Rules and Regulations for Motor Carriers (Vol.23A, S.C. Code Ann.,1976) and amendments thereto, and hereby promises compliance therewith.

STATE OF SOUTH CAROLINA

COUNTY OF \_\_\_\_\_

WS  
Applicant's Signature

I, Woody Shelnuitt (WS), OWNER  
Name of Applicant's Representative Title  
of G. Simons Transit D/B/A Coastal Georgia Charters & Tours,  
Applicant

the Applicant for the Charter Bus Certificate as set forth in the foregoing, swear or affirm that all statements contained in the above application are true and correct.

WS  
Signature of Applicant's Representative

SWORN TO BEFORE ME  
This 8th day of April, 2011

Alma Anne Webb  
Notary Public

Commission Expires December 2013



Detach, complete and remit AFTER your safety audit has been performed by State Transport Police.

Woody Shelnuft

Applicant's Name

### Safety Certification

If your operations are subject to Safety Fitness Procedures of the Federal Motor Carrier Safety Regulations (FMCSR) (49 CFR Parts 100-199), even if you have not yet received a Safety Fitness Rating, you must certify as follows:

Applicant has access to and is familiar with all applicable U.S.D.O.T. regulations relating to the safe operation of commercial vehicles. In so certifying, applicant is verifying that, as a minimum, it:

1. Has in place a system and an individual responsible for ensuring overall compliance with the FMCSR and the HM regulations;
2. Can produce a copy of the FMCSR and the HM regulations;
3. Has in place a driver safety/orientation program;
4. Is familiar with the FMCSR governing driver qualifications and has in place a system for overseeing driver qualification requirements in accordance with 49 CFR Part 391.51C;
5. Has in place policies and procedures consistent with FMCSR governing driving and operational safety of commercial motor vehicles, including drivers' hours of service and vehicle inspection, repair, and maintenance (49 CFR Parts 392, 395 and 396);
6. Is in compliance with the Controlled Substance and Alcohol Use and Testing as stated in FMCSR (49 CFR Part 40, 382, if applicable).

PLEASE CHECK THE APPROPRIATE RESPONSE BELOW:

☒ Yes ☐ Not Applicable

Exempt Applicants - If you will operate only small vehicles (GVWR of 10,000 pounds or less) and do not transport hazardous materials in a quantity to require placarding under the HM regulations and are thus exempt from the FMCSR and HM regulation, you must certify as follows:

Applicant is familiar with and will observe FMCSR general operational safety fitness guidelines.

PLEASE CHECK THE APPROPRIATE RESPONSE BELOW:

☒ Yes ☐ Not Applicable

Any applicant who certifies they are in compliance with FMCSR and/or the HM regulations and upon completion of a compliance review audit, is found not to be in compliance, may have its certificate revoked.

I, Teresa Ridenour, verify under penalty of perjury under the laws of the State of South Carolina, that all information supplied on this form or relating to this application is true and correct. Further, I certify that I am qualified and authorized to file this application. I know that willful misstatements or omissions of material fact constitute criminal violations punishable by imprisonment and fines as prescribed by law. (Note: This oath embraces all schedules and supplemental filings to this application).

Teresa K. Ridenour  
Applicant's Signature

SWORN TO BEFORE ME

This 13 day of April, 2011

Robert Anne White  
Notary Public

Commission Expires Dec. 2013

**Secretary of State**  
**Business Information and Services**  
**Suite 315, West Tower**  
**2 Martin Luther King Jr. Dr.**  
**Atlanta, Georgia 30334-1530**

CONTROL NUMBER: 9706209  
EFFECTIVE DATE: 02/05/1997  
COUNTY : GLYNN  
REFERENCE : 0086  
PRINT DATE : 02/18/1997  
FORM NUMBER : 311

ANTHONY L. HARRISON, P.C.  
P.O. BOX 1315  
BRUNSWICK GA 31521-1315

**CERTIFICATE OF INCORPORATION**

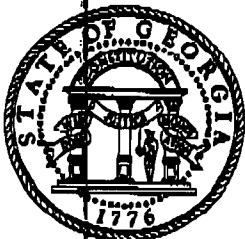
I, the Secretary of State and the Corporation Commissioner of the State of Georgia, do hereby certify under the seal of my office that

**ST. SIMONS TRANSIT CO.**  
**A DOMESTIC PROFIT CORPORATION**

has been duly incorporated under the laws of the State of Georgia on the effective date stated above by the filing of articles of incorporation in the office of the Secretary of State and by the paying of fees as provided by Title 14 of the Official Code of Georgia Annotated.

WITNESS my hand and official seal in the City of Atlanta and the State of Georgia on the date set forth above.

**RECEIVED**  
APR 22 2011  
PSC SC  
CLERK'S OFFICE



*Lewis A. Massey*  
LEWIS A. MASSEY  
SECRETARY OF STATE

